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Acute Coronary Syndromes

LONG-TERM CARDIOVASCULAR OUTCOMES IN A REAL-LIFE COHORT OF CONTEMPORARY MYOCARDIAL INFARCTION PATIENTS FREE OF EVENTS AT 1 YEAR: A SUBANALYSIS OF THE EPICOR STUDY

Poster Contributions

Poster Hall B1

Saturday, March 14, 2015, 10:00 a.m.-10:45 a.m.

Session Title: Epidemiology of ACS Events: Of Comorbidity and Long Term Trends

Abstract Category: 2. Acute Coronary Syndromes: Clinical

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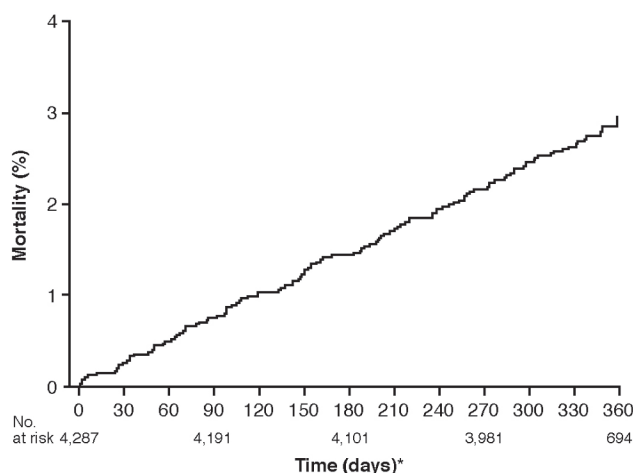
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Background: There is little recent information on the long-term prognosis and treatment of patients with prior myocardial infarction (MI). The role of dual antiplatelet therapy (DAPT) in these patients is under investigation in the PEGASUS-TIMI 54 trial. This study evaluated current management and prognosis of prior MI patients free of cardiovascular (CV) events at 1 year in EPICOR (a prospective registry of ACS survivors recruited from 555 hospitals in 20 countries between 09/2010 and 03/2011).

Methods: The treatment and outcomes of 4,287 MI patients aged >50 years, ≥ 1 risk factor (age ≥ 65 years, diabetes mellitus, another prior MI, established multivessel coronary disease or chronic renal impairment) and free of CV events at 1 year were evaluated. This cohort comprised 40.6% of the 10,568 patients enrolled in EPICOR.

Results: Baseline characteristics were: mean age 66 years, male 74%, STEMI 54%. Use of evidence-based therapies at discharge was high: 92.5% DAPT, 86.8% β -blockers, 79.5% renin-angiotensin system antagonists, 93.7% statins. At 1 year, 83.3% (3,256 of 3,907 available for long-term analysis) were on DAPT. Between 1 and 2 years, 117 of 4,287 patients (2.7%) died (Figure), 49 (1.1%) had a new MI, and 6 (0.1%) had an ischemic stroke. At 2 years, the incidence of death/MI/stroke was 3.8% and the incidence of major bleeding leading to hospitalization was 1.1%.

Conclusion: Despite high compliance with recommended medical therapies at 1 year, the mortality rate in patients with prior MI remains a concern.



*Mortality presented for the time period between 1 and 2 years following discharge from the index hospitalization